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(to be used for all correspondence after initial filing	Examiner Name	Fozia M. Hamud
	Group Art Unit	1647
FORM	First Named Inventor	Maria-Grazia RONCAROLO et al.
	Filing Date	November 20, 2000
TRANSMITTAL	Application Number	09/718,102

ENCLOSURES (check all that apply)								
Fee Tr	ransmittal Form (orig. + dup.)	Assignment Papers (for an Application)	After Allowance Communication to Group					
	Fee Attached	Drawing(s)	Appeal Communication to Board of Appeals and Interferences					
Amendment / Reply (8 sheets)		Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
	After Final	Petition	Proprietary Information					
	Affidavits/declarations	Petition to Convert to a Provisional Application	Status Letter					
Extens	sion of Time Request (4 sheets)	Power of Attorney, Revocation Change of Correspondence Address	Other Enclosure(s) (please identify below):					
		Terminal Disclaimer	☑ Return Receipt Postcard					
Express Abandonment Request		Request for Refund	=					
Information Disclosure Statement		CD, Number of CD(s)	SCH AP					
Certified Copy of Priority Document(s)		Remarks	R 1 CENT					
Response to Missing Parts/ Incomplete Application		Cust. No. 25225	1 0 2003 NTER 1600					
Response to Missing Parts under 37 CFR 1.52 or 1.53			APR 1 0 2003 ECH CENTER 1600/2900					
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT								
Firm	Laurie L. Hill, Reg.	No. 51,804						
or		Morrison & Foerster LLP						
Individual Na	me 3811 Valley Centre	Drive, Suite 500, San Diego, California 92130						
Signature Aunu All								
Date	Date April 2, 2003							

## CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on April 2, 2003.

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Part	FEE TO A NOBALTTAL			Complete if Known			
First Named Name   Folial & Hamild   Fee Paid   Fee Paid   Fee CALCULATION   Fee Paid		Application	Application Number 09/718,102				
Facility	<b>* FURFI 2002</b>			te	November 20, 2000		
Facility	APR 0 7 2003 A			ned Inventor	Maria-Grazia RONCAROLO e al.		
TOTAL AMOUNT OF PAYMENT			Examine	r Name	()	Τυ	
METHOD OF PAYMENT	Patent fees are subject to annual revision.		Group Ar	t Unit	1647		
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1. BASIC FILING FEE	_ ,	1804 920	• 112	920 <b>°</b>	Requesting publication of SIR prior		
1. BASIC FILING FEE	FEE CALCULATION	1805 184	40* 113	1,840*			
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2. EXTRA CLAIM FEES    Extra   Fee from   Fee Paid   1502   460   243   230   Design issue fee	SUBTOTAL (1) (\$) 0.00					<del></del>	
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1201   84   202   42   Independent claims in excess of 3   1810   740   249   370   For each additional invention to be examined (37 CFR § 1.129(a))	1202 18 203 9 Claims in success of 26	1809 740	246	370			
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1204 84 209 42 "Reissue independent claims over original patent" 1205 18 210 9 "Reissue claims in excess of 20 and over original patent"  SUBTOTAL (2) (\$) 0.00 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110.00  SUBMITTED BY Complete (if applicable)  Name (Print/Type) Laurie L. Hill Registration No. (Attorney/Agent) 51,804 Telephone (858) 720-7955  Signature Date April 2, 2003	1203 280 204 140 Multiple dependent claims, if not paid	1801 740	279	370			
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SUBTOTAL (2) (\$) 0.00 "or number previously paid, if greater; For reissues, see above. Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110.00  SUBMITTED BY  Complete (if applicable)  Name (Print/Type)  Laurie L. Hill  Registration No. (Atterney/Agent)  Signature  Date April 2, 2003	over original patent	Other fee (spec	ifv)				
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